

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064502

1. Entity Name

TY TERRELL, P.A.

Principal Place of Business

2424 WEST OAKLAND PARK BLVD., 1ST FLOOR
FT. LAUDERDALE FL 33311

Mailing Address

2424 WEST OAKLAND PARK BLVD., 1ST FLOOR
FT. LAUDERDALE FL 33311-1424

2. Principal Place of Business

1895 W. Commercial Blvd

3. Mailing Address

1895 W. Commercial Blvd

Suite, Apt. #, etc.

Suite 135

Suite, Apt. #, etc.

Suite 135

City & State

Ft. Lauderdale FL

City & State

Ft. Lauderdale FL

Zip

33309

Country

USA

Zip

33309

Country

USA

6. Name and Address of Current Registered Agent

TERRELL, TY ESQ.

2424 WEST OAKLAND PARK BLVD., 1ST FLOOR
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1895 W. Commercial Blvd

Suite 135

City

Ft. Lauderdale

FL

Zip Code

33309

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVS	<input type="checkbox"/> Delete
NAME	TERRELL, TY	
STREET ADDRESS	5257 S.W. 40TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TERRELL, TY	
STREET ADDRESS	5257 S.W. 40TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90040 002 ***158.75

00000000



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937535

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

CR2E034 (9/99)

4/24/00 954 4892204